

STATE OF ARKANSAS  
**Amended Individual Income Tax Return**  
NONRESIDENTS AND PART-YEAR RESIDENTS AMENDING ALL TAX YEARS

<b>FOR OFFICE USE ONLY</b>		● File Date	● Amount Paid
Tax Year Amending: ● _____		● Your Social Security Number	
Fiscal Year Ending: ● _____			
● First Name and Initial: <i>(List both if applicable)</i>		● Last Name	● Spouse Social Security Number
● Present Address: Number and Street, Apartment Number or Rural Route		● Prep. I.D.	
● City, Town or Post Office, State and Zip Code		Telephone Numbers Work: _____ Home: _____	

**CHECK ONLY ONE BOX BELOW:**

<p>1. <input type="checkbox"/> SINGLE: <i>(Or widowed or divorced before the end of the tax year you are amending.)</i></p> <p>2. <input type="checkbox"/> MARRIED FILING JOINT: <i>(Even if only one had income)</i></p> <p>3. <input type="checkbox"/> HEAD OF HOUSEHOLD: If the qualifying person is your child but not your dependent, enter this child's name here: _____</p>	<p>4. <input type="checkbox"/> MARRIED FILING SEPARATELY ON SAME RETURNS:</p> <p>5. <input type="checkbox"/> MARRIED FILING SEPARATELY ON DIFFERENT RETURNS: <i>(Enter spouse's full name here and SSN above).</i> _____</p> <p>6. <input type="checkbox"/> QUALIFYING WIDOW(ER): with dependent child. <i>(Year spouse died):</i> 19____.</p>
<p>7A. <input type="checkbox"/> YOURSELF    <input type="checkbox"/> 65 or OVER    <input type="checkbox"/> 65 SPECIAL    <input type="checkbox"/> BLIND    <input type="checkbox"/> DEAF    <input type="checkbox"/> HEAD OF HOUSEHOLD/ <input type="checkbox"/> SPOUSE    <input type="checkbox"/> 65 or OVER    <input type="checkbox"/> 65 SPECIAL    <input type="checkbox"/> BLIND    <input type="checkbox"/> DEAF    QUALIFYING WIDOW(ER)</p>	
7B. First name(s) of dependent(s): _____ Multiply number of boxes checked from Line 7A ..... <input type="checkbox"/> x 20.00 = _____	
7C. First name(s) of retarded child(ren): _____ Multiply number of dependent(s) from Line 7B ..... <input type="checkbox"/> x 20.00 = _____	
7D. TOTAL PERSONAL CREDITS: <i>(Add Lines 7A, 7B and 7C. Enter total here and on Line 18)</i> .....7D	

**Has your tax return been adjusted by the IRS?**    ☐ Yes    ☐ No    **If Yes, attach reports.**

INCOME	PART 1: ORIGINAL			PART 2: AMENDED		
	A. Your Total Income All Sources	B. Spouse Total Income All Sources	C. Arkansas Income Only	A. Your Total Income All Sources	B. Spouse Total Income All Sources	C. Arkansas Income Only
8. Total Income: .....	8. _____ 00	_____ 00	_____ 00	8. _____ 00	_____ 00	_____ 00
9. Adjustments to Income: .....	9. _____ 00	_____ 00	_____ 00	9. _____ 00	_____ 00	_____ 00
10. Adjusted Gross Income: .....	10. _____ 00	_____ 00	_____ 00	10. _____ 00	_____ 00	_____ 00
11. Itemized Deductions: .....	11. _____ 00	_____ 00	_____ 00	11. _____ 00	_____ 00	_____ 00
12. Net Taxable Income: .....	12. _____ 00	_____ 00	_____ 00	12. _____ 00	_____ 00	_____ 00

**TAX COMPUTATION**

13. Select tax table: <i>(Enter tax from table).</i> .....		A. YOURS		B. SPOUSE	
		_____ 00	_____ 00	_____ 00	_____ 00
<input type="checkbox"/> <b>LOW INCOME</b> Table 1		<input type="checkbox"/> <b>REGULAR</b> Table 2		<input type="checkbox"/> <b>AR1000DGW</b>	
14. Tax: <i>(Enter total from Lines 13A and 13B).</i> .....		14. _____ 00		_____ 00	
15. Enter tax from ten (10) year averaging schedule: <i>(Attach AR1000TD).</i> .....		15. _____ 00		_____ 00	
16. IRA and qualified plan withdrawal and overpayment penalties: <i>(Attach Federal Form 5329 if required).</i> .....		16. _____ 00		_____ 00	
17. TOTAL TAX: <i>(Add Lines 14-16. Enter here).</i> .....		17. _____ 00		_____ 00	

**TAX CREDITS:**

18. Personal tax credit(s): <i>(Enter total from Line 7D).</i> .....	18. _____ 00
19. Working Taxpayer Credit: <i>(Attach Schedule AR1328).</i> .....	19. _____ 00
20. State Political Contributions Credit: <i>(Attach Schedule).</i> .....	20. _____ 00
21. Other State tax credit(s): <i>[Attach copy of other state return(s)].</i> .....	21. _____ 00
22. Child care credit(s): <i>(Attach Federal Form 2441 or 1040A).</i> .....	22. _____ 00
23. Credit for adoption expenses: <i>(Attach Federal Form 8839, 20% of Federal credit, allowed).</i> .....	23. _____ 00
24. Business and incentive tax credits: <i>(Attach Schedule and certificate).</i> .....	24. _____ 00
25. TOTAL CREDITS: <i>(Add Lines 18-24).</i> .....	25. _____ 00
26. NET TAX: <i>(Subtract Line 25 from Line 17. Enter here).</i> .....	26. _____ 00

27. NET TAX: (From Line 26). .....		27.		00
27A. Enter the amount from Line 10, Part 2, Column C: .....		27A.		00
27B. Enter the total amount from Line 10, Part 2, Columns A and B: .....		27B.		00
27C. Divide Line 27A by 27B. Enter percentage. ....		27C.		%
27D. APPORTIONED TAX LIABILITY: (Multiply Line 27 by Line 27C). ....		27D.		00
<b>PAYMENTS</b>				
28. Arkansas Income Tax withheld: .....		28.		00
29. Estimated tax paid or credit brought forward from last year: .....		29.		00
30. Early childhood program: Certification No.: _____ <i>Attach Federal Form 2441 ....</i> <i>or 1040A, 20% of Federal credit allowed and Certification Form AR1000EC).</i> .....		30.		00
31. Amount Paid with Return .....		31.		00
32. Amount Paid after Return was filed. ....		32.		00
33. TOTAL PAID. (Add Lines 28 through 32. Enter here). ....		33.		00
34. Enter prior Overpayment/Refund/Estimate carried forward. ....		34.		00
35. TOTAL PAYMENTS: (Subtract Line 34 from Line 33. Enter here). ....		35.		00
<b>REFUND OR TAX DUE</b>				
36. AMOUNT TO BE REFUNDED TO YOU: (If Line 35 is greater than Line 27D, enter here). ....		36.		00
37. AMOUNT DUE: (If Line 27D is greater than Line 35, enter here). ....		37.		00
<b>PLEASE SIGN HERE</b>				
Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
Your Signature:		Occupation:		Date:
Spouse's Signature:		Occupation:		Date:
Paid Preparer's Signature:			ID Number / SSN:	
Name:		City/State/ZIP:		<i>Mail to:</i> <b>Arkansas State Income Tax Amended Tax Group</b> P. O. Box 3628 Little Rock, Arkansas 72203-3628
Address:		Telephone:		
Required: Explanation for filing Amended Return:				